2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P01000118711

2419 UNIVERSITY DRIVE

3. Mailing Address

CORAL SPRINGS FL 33065

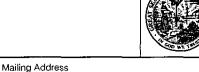
1. Entity Name KARMA GROUP INC.

Principal Place of Business

2419 UNIVERSITY DRIVE

CORAL SPRINGS FL 33065

2. Principal Place of Business



Apr 11, 2003 8:00 am Secretary of State

Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & Stat	e	City & State		4. FEI Number 65_1150200	Applied For	
				65-1158299	Not Applicable	
Zip	Country	Zip	Country		8.75 Additional ee Required	
	6. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Registered A	gent	
BHASIN, AJAY 2419 UNIVERSITY DRIVE CORAL SPRINGS FL 33065			Name Street Add	dress (P.O. Box Number is Not Acceptable)		
CORAL SI	PRINGS PL 33065		-		•	
			City	FL	Zip Code	
	named entity submits this statem ions of registered agent. Signature, typed or printed name of registerer		its registered office or re	egistered agent, or both, in the State of Florida. I am fa	miliar with, and accept	
Afte	ILE NOW!!! FEE IS \$150.0 r May 1, 2003 Fee will be \$55 c Payable to Florida Departm	0.00 ent of State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.		AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BHASIN, AJAY 12167 NW 9 DRIVE CORAL SPRINGS FL 33071	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BHASIN, PURNIMA 12167 NW 9 DRIVE CORAL SPRINGS FL 33071	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZiP	The second of th	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ï	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		Change Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: